INTO THE DEEP END: FROM *MADNESS-AS-STRATEGY* TO *MADNESS-AS-RIGHT*

Miguel Núñez de Prado-Gordillo[1]

[1] University of Rijeka, Croatia

This paper is part of a book symposium on Justin Garson's *Madness: A Philosophical Exploration* curated and edited by Elisabetta Lalumera (University of Bologna) and Marko Jurjako (University of Rijeka)

ABSTRACT

A central notion in Mad Pride activism is that "madness is a natural reaction" (Curtis et al. 2000, 22). In Madness: A Philosophical Exploration (2022), Justin Garson provides a compelling exploration and defence of this idea through the book's central concept: madness-as-strategy, i.e., the view of madness as "a well-oiled machine, one in which all of the components work exactly as they ought" (1). This contrasts with the dominant view in 20th- and 21st-century psychiatry, madness-as-dysfunction, which understands madness as a failure of function. The paper provides a critical analysis of the notion of madness-as-strategy as a political tool, pointing out its main virtues and limitations in terms of Garson's overarching political project: to carve out the conceptual landscape of madness in ways that pay tribute to mad people's own perspectives. The analysis draws on two central commitments of contemporary neurodiversity theory: a) its relational-ecological model of cognitive (dis)ability; and b) its non-essentialist, sociopolitical critique of the "normalcy paradigm". I argue that these two insights contribute to both expand the applicability of madness-as-strategy and highlight its limitations as a tool for the political struggles of mad, cognitively divergent, and mentally ill or disabled people. The paper concludes by outlining a way to move beyond both madness-as-dysfunction and madness-as-strategy, toward what I call madness-as-right.

Keywords: philosophy of psychiatry; conceptual explication; mad studies; neurodiversity paradigm; madness-as-dysfunction.

Introduction

In his 2017 song "YAH.", Compton-born and raised rapper Kendrick Lamar claims to be "diagnosed with real [n-word] conditions". The theme behind this verse is a common one in Lamar's production (e.g., his 2012 album *Good Kid, M.A.A.D. City*): that his struggles with mental health are the result of a natural, adaptive response to a mad environment. As Mad Pride founder Pete Shaughnessy puts it:

> I see life as one big swimming pool. Some of us are thrust into the deep end and we manage to survive. We make our way down to the shallow end, where it's easy, boring. The people there are scared of the deep end, scared of the unknown, so they shun people like me and call me MAD. Madness is a natural reaction. (Shaughnessy 2000, 22)

Justin Garson's (2022) *Madness: A Philosophical Exploration* provides an engaging, thorough, and compelling exploration of this precise topic. Its central concept, *madness-as-strategy*, conveys both Lamar's and Shaughnessy's main insight: that madness is the expression, under certain circumstances, of "the working out of a hidden purpose; instead of a defect, (…) a goal-driven process, a well-oiled machine, one in which all of the components work *exactly as they ought*" (1). This concept stands in contrast to a more common way of understanding madness: what Garson labels the *madness-as-dysfunction* view, which identifies it with a failure or breakdown in some internal machinery. Madness here "represents the failure of the system to achieve its natural end" (1). This is the key contrast that the book focuses on; one that is orthogonal to the more classical debate between biogenic vs. psychogenic approaches to mental health, concerning whether mental health should be conceptualized in somatic (e.g., neural) or mental terms. Rather, it is *teleology* vs. *dysteleology* which interests the author: that is, whether madness can or should be seen as the product of a strategy, a purpose, a well-functioning mechanism—whether mental or somatic—or as its failure.

According to the author, madness-as-dysfunction represents the dominant way of thinking about madness in contemporary mental health science and philosophy. So entrenched the association between madness and dysfunction is, Garson thinks, that some have come to view it "as a matter of logical necessity" (11; e.g., Boorse 1976; Wakefield 1992), rendering any alternative concept of madness "almost unthinkable" (248). The primary goal of the book is in this sense straightforward: to question the often-assumed unquestionability of the madness-as-dysfunction perspective by

reasserting the conceptual plausibility of madness-as-strategy, as expression of "a hidden telos" (3).

To do so, Garson uses an engaging mix of historical analysis and conceptual engineering. The book's method consists in analysing different theories of madness throughout history in terms of the proposed distinction between teleology and dysteleology—from the clash between ancient Greece conjurers and the first Hippocratic thinkers to the Christianization of madness as both punishment and salvation characteristic of the Middle Ages; from the progressive secularisation of madness throughout the early modern period, culminating with the Kantian understanding of it as a breakdown of reason, to the discussions between psychogenic and biogenic approaches characteristic of 20th and 21-st century psychiatry. In doing so, it explores the different shapes that the teleology of madness has taken throughout history: from "a divine mandate [to] "a mysterious vital principle in nature; (…) an unconscious idea driving toward fulfilment; (…) the goal-directedness of the organism; [or a Darwinian adaptation" (13). Despite its historical outlook, however, the book "is not a work of history, but an exercise in concept building" (3). Here it aligns with recent approaches to the philosophy of psychiatry that adopt an explicationist or "engineering" methodology to "craft" new concepts fit for specific purposes, rather than merely analysing existing ones (e.g., Biturajac and Jurjako 2022). Specifically, the book doesn't aim to faithfully reconstruct the dialectics of the different ways of thinking about madness throughout history, but to extract from different theories "a teleological core, an attempt to think of madness as a strategy for accomplishing a goal" (3), to make room for a functional view of madness *today*.

Note, however, that although the author favours madness-as-strategy, the goal is not to defend it for the sake of it, but to *use* it in an attempt to crack open the established, almost self-evident consensus around madness-as-dysfunction. In this sense, the book's ultimate aim is that, by historicizing assumptions about madness, it helps carve out the conceptual space for new ways of thinking about it that transcend *both* madness-as-dysfunction and madness-as-strategy.

My main goal here is to contribute to this effort. After explaining the structure of the book in section 1, section 2 provides a critical analysis on the concept of madness-as-strategy, its merits, limitations, and possibilities for future development. Here I align with the book's methodology, as well as its political ambitions and the new ways of thinking it encourages, which start from taking seriously the perspectives of those at the "deep end" of mental health science: those who identify as mad, as survivors, as cognitively divergent; but also, those who identify as (ex-)patients, as

mentally ill, or cognitively disabled. Specifically, I claim that the emerging neurodiversity paradigm (Chapman 2023b; Walker 2021) offers key conceptual tools to integrate these different—and sometimes conflicting (Spandler, Anderson, and Sapey 2015)—modes of conceptualizing madness and mental health from the "deep-end" perspective; and it does so in a way that invites us to move beyond *both* madness-as-dysfunction and madness-as-strategy, toward what I will refer to as *madness-as-right*. In this sense, the paper seeks to contribute to ongoing efforts to develop a collective pool of conceptual resources integrating insights from neurodiversity theory, mad studies, and disability studies (Graby 2015; McWade, Milton, and Beresford 2015); efforts that, like Kendrick Lamar's recent *The Pop Out* concert—where the artist transformed his historic beef with Drake into a momentous display of unison for the Black community in Los Angeles—seek to foster unity and comradeship while still acknowledging diversity.

1.   The hidden telos of madness

The book is structured in three parts, which roughly divide pre-modern, modern, and contemporary views of madness. The first part of the book, "The Dual Teleology of Madness", covers pre-18th century views that share a common underlying assumption: that madness, whether construed as failure or strategy, takes place within a larger divine teleology. It is always a result of divine intent, an instrument of divine justice–as well as redemption in Christianity, hence its *dual*teleological nature–executed by direct divine intervention or preconfigured in how God designed the world in the first place.

This is why Garson reconstructs the main oppositions throughout this period as not primarily between supernatural vs. naturalistic explanations—as contemporary medicine textbooks often portray it—but between teleology and dysteleology; between the madness-as-strategy view of pre-Hippocrates healers, who characterized it as a divine punishment, and the madness-as-dysfunction tradition installed by Hippocratic physicians, where it results from inner humoral imbalances (Chapter 1); between the understanding of madness as demonic possession, characteristic of Christian exorcists and witch-hunters during medieval ages, and the attempt to reintroduce the Hippocratic framework by witch-sceptic, Renaissance-minded physicians like Jorden (Chapter 2). But even Hippocratic, dysteleological views of madness are, during this period, only carved out against a broader divine teleological framework. To be sure, Garson observes a progressive naturalisation of divine teleology, and therefore of madness, throughout this period. This is already visible in 17-

th and 18th-century physicians like Burton (Chapter 3) or Cheyne (Chapter 4), who viewed madness as a natural, inevitable consequence of how God designed the causal order in the first place. Here, madness is a condition that *naturally* follows from our "freely chosen and wilful misuse of our God-given faculties" (49), as in Burton's case; or a disorder of the nerves resulting from sustained habits of intemperance, an offence to God's providence, in terms of Cheyne.

The second part of the book, "Madness and the Sound Mind", mainly tackles the rise of madness-as-dysfunction during 18th and 19th centuries. The key characteristic of this period is the association between madness and the sound mind: to fully understand madness, it is crucial to first understand what universal mental faculties characterize well-functioning mentality; madness just is their *breakdown*.

Garson sees in Kant a most articulate early expression of this view; for every faculty of the sound mind, a variety of madness that results from its dysfunction (Chapter 5). Madness no longer reveals any hidden, divine telos. Still, there are remnants of teleology in madness. For Kant, following Locke, because even the gravest forms of insanity still exhibit a "*systematizing* tendency" (89), i.e., they organize around a somewhat coherent—even if fundamentally distorted—inferential whole. For Haslam (Chapter 6), apothecary to Bedlam, the so-called first psychiatric institution, because this participation of madness in reason reveals its ultimate purpose: "to dissimulate reason in order to perpetuate its own existence as madness" (95). This dissimulation function is also highlighted by Wigan, who thought of madness as resulting from the inherent duality of our mind-brains (Chapter 7). Dissimulation here, however, is not a means for deceiving others, but *oneself*: a way in which the "sick hemisphere" might gain ascendance over the healthy one—for instance, to *cope* with an otherwise unbearable reality.

Heinroth (Chapter 8), although assuming a thoroughly Kantian, madness-as-dysfunction framework, also makes room for at least some purposive form of insanity-as-coping, "as a way of retreating or withdrawing from a lifetime of suffering, tragedy, ridicule, and disdain, and entering into a kind of dream world" (130); a view of madness that is also the conceptual cornerstone of 20th-century psychoanalytic views of schizophrenia, such as those of Fromm-Reichmann or Sullivan. This coping perspective is tightly connected with a view of madness as some sort of "healing journey", and hence of therapy as a form of shepherding the person along this journey. This is the framework in which Pinel's moral therapy must be understood (Chapter 9). Pinel, according to Garson, pushes beyond the Kantian framework: madness is paradigmatically purposive: just like fever

is the body's own natural mechanism for healing, madness "is a healing and salutary movement of the mind" (154). Hence the role of the moral therapist: not to interfere with madness, but to facilitate it, "to allow it to reach its natural end" (155).

The second part however finishes with German imperial psychiatry (Chapter 10), which reinstalls madness-as-dysfunction in all its force by "fusing together (…) two doctrines—that madness is biological, and that madness is dysfunctional, or more concisely, that mental disorders are biological dysfunction" (160). Griesinger, the so-called father of biological psychiatry (Shorter 1996), emphasizes the former in his "biologization" of Kant: madness is a dysfunction of brain processes. Yet Griesinger still sees traces of teleology in madness; for instance, in his characterisation of delusions as "wish fulfilments". By contrast, Kraepelin's naturalisation of psychiatry emphasizes its definitive purge from teleology: madness is *necessarily* dysteleological—and if we can spot any trace of teleology in it, then it is not true madness, but mere *malingering*.

Finally, the third part, "Madness and the Goal of Evolution", covers 20th- and 21st-century perspectives; a period marked by an oscillating, yet largely unnoticed tension between teleology and dysteleology.

At least until the 1960s, madness-as-strategy is somewhat predominant due to the influence of psychoanalytic theory. Freud opens the century restoring teleology firmly at the core of psychiatry: madness is *always* functional (Chapter 11). Specifically, Freud's madness is a dual strategy for the control of forbidden, self-destabilizing desires: it keeps them unconscious, safeguarding one's self-concept, while at the same time offering a (deviant) way of fulfilling them. This leads to an "anti-Kantian", "anti-Kraepelinian" classification scheme, implemented in the first edition of the *Diagnostic and Statistical Manual of Mental Disorders* (APA 1952): one which classifies varieties of madness (e.g., psychotic, neurotic, and personality disorders) in terms of the "different strategies that the mind uses to fulfill its twofold function of keeping forbidden desires out of consciousness while orchestrating their deviant fulfillment" (188). Goldstein, according to the author, *biologizes* Freud by placing the analysis of disease and disorder within a *holistic* philosophy of biology, which takes the essential *self-actualizing* goal of whole organisms as its starting point (Chapter 12). Working mainly with brain-injured veterans, he conceptualizes their symptoms as primarily a self-stabilisation strategy, deployed via restructuring the environment in ways that compensate for the anxiety-inducing, de-stabilizing experiential consequences of the injury.

This relational-teleological characterisation of madness as a mode of engagement with the world, as well as the emphasis on its creative, world-changing power, is also present in Laing's redefinition of madness as a revolutionary tool (Chapter 13). Following the insanity-as-coping intellectual tradition initiated by Heinroth and later continued by Fromm-Reichmann and Bateson's double-bind theory, Laing views madness as an adaptive response to disturbing double-binding patterns of communication within the family structure. For Laing, however, the origin of such disordered patterns must be traced back to the larger political order. Thus, unlike their intellectual forebears, Laing and other so-called "anti-psychiatrists" from the 1960s counterculture see madness as no mere retreat from the world: it is a revolutionary negation of it, an "assertive refusal to participate" from the (in)sane, normal, capitalist social order (213). At least *good, true,* in fact, *sane* insanity—which counterculture thinkers like Deleuze and Guattari contrast with the "false", "useless" madness of the "gibbering lunatic" (215)—has this revolutionary function; like Pinel, the job of the psychiatrist is to shepherd the mad person; not "back to normal" anymore, though, but toward realizing their revolutionary potential.

However, madness-as-strategy would progressively recede during the 1970s, with the advent of the second-wave biological psychiatry and its first "neurotransmitter imbalance hypotheses". This brought the dissolution of any differentiation between "good" and "bad" madness: madness, in all its varieties, would increasingly be considered the result of inner dysfunction. This neo-Kantian, neo-Kraepelinian *deteleologization* of madness already begins with the *DSM-II* (APA 1967) and finds its maximal expression in the *DSM-III* (APA 1980) and the various attempts to cast a workable notion of *dysfunction* (Chapter 14). For this is its central concept: against the common misreading that the DSM-III established a *biogenic* or *bio*medical regime, the author reminds us of the "atheorical", cosmopolitan spirit that guided its development. Its core feature rather is its answer to the *boundary problem*, i.e., its definition of madness as (inner) dysfunction—whether biological or psychological—to distinguish it from mere social deviance. However, its own notion of dysfunction, influenced by Spitzer and Endicott's operational proposal, is just too vague, leaving the relevant domains of functioning open to culture-specific understandings. To secure its universality, psychiatrists turn to evolutionary theory. Problems with Kendell's initial definition as any condition which intrinsically places the individual at "biological disadvantage" led to Klein's definition of disorder as "deviation from evolved design" (247), i.e., from what evolutionary contingencies selected the human mind and body parts to do; a definition that Wakefield's harmful dysfunction analysis would later convert into a conceptual necessity, and

which the recent RDoC framework, in the latest and most "systematic and unforgiving" (230) application of Kantian dysteleological nosology, takes as its fundamental axiom for classifying mental disorders.

However, the book closes by revealing an internal tension within this "Darwinization of madness" (Chapter 15); one which at the very least risks undermining madness-as-dysfunction. As contemporary adaptationist hypotheses of psychiatric conditions show (e.g., Nesse and Williams 1994), evolutionary theory provides us with good reason to see in madness a product, not a failure, of evolved design; to see psychiatric conditions like depression, anxiety, or delusions as the result of *mismatches*—that is, evolutionary adaptations that are no longer beneficial in current environments—or even adaptations that are still serving their original functions. This, according to Garson, "forces a teleological reorientation of the entire discipline" (252): one that highlights the historicity of madness-as-dysfunction, as well as its actual tension, rather than kinship, with evolutionary theory, not to reject it, but to question its status as "a silent default in approaching the mad (…), "to identify and expose [it] as merely one style of thinking, and to force it to coexist with other styles of thinking" (260-261).

2.   Beyond madness-as-strategy: Madness-as-right

Garson's *Madness* has multiple virtues, some of which are set out right in the introduction. Firstly, I think the book's proposed reorientation of the history of psychiatry, i.e., its focus on teleology vs. dysteleology, rather than the more usual contrasts between "somatic" and "mental", or "biological" and "psychological", is extremely illuminating. I think this new axis of analysis is not only original and refreshing, but crucial to fully understand the conceptual structure and historical roots of the so-called *medical* model of mental distress—so often wrongly conflated with the *bio*medical one. As the book very clearly shows, it helps to dispel common misunderstandings of the main conceptual transformations reflected in and partly brought about by the DSM-III—even the DSM-II, as Garson convincingly argues—and the subsequent evolution of contemporary psychiatry. This surely leaves some questions unanswered; for instance, how central should we take dysteleology to be for medicalization? Taking dysteleology as the ultimate *hallmark* of what makes a model "medical" would seemingly—and I think wrongly—suggest that psychoanalysis was not, after all, a genuinely *medical* approach; a claim that would be, at the very least, difficult to reconcile with most 20th-century psychoanalysts' self-perceived status. Nonetheless, Garson's proposed redirection helps us to uncover the deep conceptual affinity between seemingly, but only

superficially opposite approaches to mental health science, e.g., between DSM's syndrome-based and RDoC's bottom-up, dimensional approach to nosology; between classic biomedical "chemical-imbalance", "magic-bullet" approaches to psychopharmacology and the new, self-avowedly revolutionary psychedelic psychiatry; or between biological psychiatry and competing psychogenic disciplines, such as clinical psychology (at least in its traditional cognitivist versions). In this sense, the teleology-dysteleology distinction is a crucial addition to our conceptual toolkit.

However, the book's most important contribution is, as the author himself notes, primarily political. Madness-as-strategy, its central concept, is not only a theoretically sound analytical tool, but also a political instrument that Garson systematically uses to point out the historicity of madness-as-dysfunction; not just for the sake of historical and conceptual accuracy, but to help reshape the conceptual space of madness in ways that pay tribute to mad perspectives themselves. The book in this sense contributes to recent efforts at providing conceptual support for the long-standing struggle of mad, survivor, neurodivergent, and related collectives to put their own expertise and perspectives in value, to reclaim their space in mental health science and politics (Adler-Bolton and Vierkant 2022; Chapman 2023b; Frazer-Carroll 2023; Rashed 2019; Walker 2021). It is therefore a contribution to the political struggle of those traditionally relegated to the "receiving end" of psy-services; or those "thrust into the deep end", as Pete Shaughnessy would put it.

Here I want to delve deeper into this issue, to push forward in this same direction. In that sense, this paper takes the book's political ambitions at face value. As Garson himself points out, however, I think that moving forward in this direction requires transcending not only madness-as-dysfunction, but also madness-as-strategy. The main reason why I think so is that the deep end of mental health science and politics is primarily characterized by a rich—and sometimes conflicting—multiplicity and diversity of first-person perspectives, which neither madness-as-dysfunction nor madness-as-strategy can properly accommodate (Spandler, Anderson, and Sapey 2015). My starting point is contemporary neurodiversity theory, which I think offers various key insights to develop a conceptual framework that connects and reconciles intersecting critical views of mental health.

Very briefly, neurodiversity theory is an emergent field of study that aims to integrate and develop the theoretical architecture of the neurodiversity movement. Born in the 1990s from collective discussions within the autistic community (Botha et al. 2024; Rosqvist, Chown, and Stenning 2020), the movement has been increasingly applied to the analysis of other

developmental conditions, such as ADHD or intellectual disabilities; furthermore, the concept of *neurodivergence* is increasingly applied to a broader range of conditions that involve some departure from prevailing standards of "cognitive normality"—including bipolarity, obsessive-compulsivity, depression, schizophrenia, borderline and antisocial personality, etc.[1] (see Chapman, 2019, 2023b; Hoffman, 2019; Jeppsson, 2023; Rosqvist, Chown, and Stenning 2020; Walker, 2021).

The movement is theoretically articulated around the emerging *neurodiversity paradigm* (Walker 2021), whose core commitment is the critique of the *default pathologizing*, as well as the *default normalizing* of divergent cognitive styles (see also Chapman, 2023b). Unlike traditional psychiatric models that equate deviation from "neuronormative" standards with inner dysfunction, the neurodiversity paradigm sees cognitive diversity as a natural and valuable part of human variation, along with other forms of biodiversity. Differences in sensorimotor and cognitive functioning are not necessarily "deficits"; in fact, they might bring both individual and collective *advantages* in certain contexts over more neuronormative modes of functioning (Chapman 2021; Crompton et al. 2020; Dwyer 2022; Sedgwick, Merwood, and Asherson 2019). At the same time, the paradigm also opposes normalizing, "anti-disability" discourses, found for instance in other traditional critical perspectives that take an abolitionist perspective on psychiatric categories (e.g., Szasz 1961), which often question the existence of genuine cognitive differences or downplay their disabling nature (Carel 2023; Chapman 2023a; Milton 2014; Walker, 2021).

For the purposes of this paper, the neurodiversity paradigm's most significant contributions lie in a) its relational-ecological understanding of cognitive (dis)ability; and b) its sociopolitical, non-essentialist understanding of mental categories. Firstly, neurodiversity theorists reject "inner deficit" or "inner dysfunction" views of cognitive divergence (Chapman 2021; Milton 2012; Walker 2021). In line with the social model of disability, the neurodiversity paradigm construes the difficulties faced by cognitively divergent people as the result of a *mismatch* between their cognitive traits and the socio-material environments they navigate. Cognitive (dis)ability is here understood in a fundamentally *relational* way: it is not the result of

---

[1] A related development concerns the inclusion of mental disorders within the scope of the neurodiversity movement; from this perspective, the concept of *mental disorder* would not be anti-thetical to that of *neurodivergent*, but a subspecies of cognitive divergence—along with other non-pathological forms of neurodivergence (Chapman, 2023b; Hoffman, 2019; Walker, 2021). Although still a matter of debate within the movement (see Kapp, 2020), this paper aligns with this expansion of the neurodiversity framework. I will thus use the term "neurodivergent" as originally intended by its creator, Kassiane Asasumasu, who coined it with the explicit inclusive aim of encompassing "any significant divergence from dominant cultural norms of neurocognitive functioning" (Walker, 2021, p. 47), including mental disorder.

inner deficits, but the result of a failure to design our worlds in ways that accommodate different sensorimotor, cognitive, and behavioural dispositions. Furthermore, the neurodiversity paradigm advances an *ecological* model that takes into account not only individual, but also *collective* cognitive functioning and flourishing (Chapman 2021; Jurgens 2023; see also Hoffman 2017). This ecological view articulates one of the founding ideas of early pro-neurodiversity communities: that, just like biodiversity is crucial for a healthy environment, cognitive diversity within human groups might be an adaptive feature for maximizing *collective* thriving and fitness. Failure to accommodate and cultivate this diversity may not only impact cognitively divergent individuals' health and functioning, but also groups' ability to cope with ever-changing environmental demands.

This relational-ecological model has fruitful implications for the concept of madness-as-strategy. Specifically, I think it helps to widen the scope of the concept; it allows us to cast the net wider on the phenomenon of madness from a teleological perspective, at least in two ways. Firstly, it seems to nicely capture mad advocates' emphasis on the need to understand madness, disorder, or disability as a person-world relation, that is, to analyse how a person's material and social environments enable, enhance, or diminish their cognitive functioning and possibilities for flourishing; an insight that Garson emphasizes repeatedly throughout the book, especially in his consideration of Goldstein's holistic understanding of madness as a mode of engagement with the world (Chapter 12) and Laing's analysis of the constitutive impact of sociopolitical dynamics in madness (Chapter 13; see also Cooper 2017). Indeed, the latter points to a notion that Garson only briefly touches upon in the book, and which is central to the ecological model of cognitive functioning developed by neurodiversity scholars: that of collective (dys)functioning. This is the second way in which neurodiversity theory can help expand the scope of madness-as-strategy, by adding a new level of analysis at which madness may exhibit its hidden telos: not only may madness serve a purpose for the individual, but also for their larger social niche. Furthermore, *even if we accepted madness-as-dysfunction at the individual level*—or, at least, madness-as-disability—we may still look at its adaptive role at the level of collective functioning. In line with the 1960s counterculture revindication of madness as a revolutionary tool, conditions like psychosis, depression, anxiety, ADHD, or autism might be reconsidered in light of their potential contributions toward more adaptive, healthier, *saner* ways of social organization; even if, in our current world, this comes with often extraordinary costs for individuals themselves.

But the neurodiversity paradigm also has a deeper, more crucial, yet perhaps not so positive implication for the concept of madness-as-strategy; namely, its questioning of the extent to which we may speak of a natural, universal, or somehow fixed standard of "normal" cognitive functioning in the first place, as well as its usual immediate, almost *a priori* association with notions of cognitive health and flourishing. A running thread throughout Garson's book is that madness-as-dysfunction and madness-as-strategy fundamentally oppose each other on whether madness is a breakdown in cognitive function or rather an expression of "a well-oiled machine, one in which all of the components work *exactly as they ought*" (1). But this points to a hidden premise that both madness-as-dysfunction and madness-as-strategy seemingly share: that there is something like a "well-oiled machine" in the first place with which madness can be compared, some essential assortment of mental functions and capacities that conform a natural or universal standard of *normal* cognitive functioning; a fixed mould into which madness must fit if we are to see purpose, value, and an enactment of human cognitive potential in it. Madness-as-dysfunction assumes that it does not, madness-as-strategy that it does. But this leaves the mould itself unquestioned.

By contrast, neurodiversity theorists (at least most contemporary ones) challenge this essentialist assumption, defending the need for a sociopolitical, non-essentialist analysis of cognitive and mental health categories. Contrary to common misreadings of their views by other critiques of psychiatry (see Milton and Timimi 2016) and in line with the sort of analysis proposed by many radical mad advocates (Curtis et al. 2000; P. Sedgwick 1982; see also Adler-Bolton and Vierkant 2022; Frazer-Carroll 2023), neurodiversity theorists point out the irreducibly socio-cultural and historical roots of definitions of cognitive health and normalcy, i.e., their embeddedness in particular, *contingent* social dynamics, with a special emphasis on the role of capitalist production relations, the specific human labour needs associated with it, and other intersecting social power dynamics (e.g., Chapman 2023b; Milton 2014; Walker 2021). Their proposed neurodiversity paradigm does not merely oppose the default pathologizing, "inner deficit" treatment of cognitive divergence characteristic of madness-as-dysfunction, but the *normalcy paradigm* at the root of it (Chapman and Fletcher-Watson forthcoming); one that, crucially, is also shared by traditional attempts to depathologize or "normalize" madness and divergence by forcing it into neuronormative standards of cognitive functioning.

The neurodiversity paradigm thus sees concepts of mental normalcy and mental health, as well as the association between them, not as *given*, but as reflecting contingent, and therefore contestable, sociopolitical structures

and dynamics. It is this sociopolitical analysis and critique of this basic notion, cognitive normalcy, which explains what many see as a seemingly contradictory statement by neurodiversity advocates: that divergent modes of functioning may be *both* disabling, even "dysfunctional" (at least within the specific social dynamics that configure what "normal" functioning is), hence requiring the allocation of especial resources and accommodations; *and*, at the same time, worthy of respect and value, something that may ground one's identity as well as alternative notions of health and flourishing.

I think this insight is crucial for advancing Garson's own political aspirations for madness, as it reveals the limitations of the madness-as-strategy concept. For madness-as-strategy still circumscribes our ability to see value in madness within the bounds of "normalcy"; within the bounds of what we, today, perceive as a "normal" reaction to adverse life circumstances, a "natural" response of an allegedly universal cognitive architecture, a result of a pre-established, unquestioned cognitive economy that always maximizes utility—an expression of the *Homo Economicus* in the cognitive domain. But social dynamics affect us in many ways. Some forms of madness may be a completely "natural" response to them; others, however, may indeed be the result of breakdowns *precisely* caused by those dynamics. Would that sort of madness be less valuable? Questioning underlying notions of cognitive normalcy opens the door for a more radical defence of madness: one that sees value in it even when it's not the result of "everything functioning as it should"; or even *precisely because it is,* at least sometimes, the result of abnormal, disabling, dysfunctional cognition, of modes of functioning that fundamentally defy the usual order of things and its reflection in the usual assumptions concerning what a "well-oiled" mental machine is supposed to be. And yet, also precisely because of their abnormal, disabling, or dysfunctional character, mad and divergent modes of functioning may require special accommodations and resources— whether medical, psychosocial, or otherwise (Adler-Bolton and Vierkant 2022; Chapman 2023b; Frazer-Carroll 2023).

To be sure, I think the author would agree with much of this. But I nonetheless think it's crucial to stress the importance of going beyond madness-as-strategy, to tackle the sometimes-implicit assumptions about cognitive normality underpinning it. The effects of these implicit assumptions are sometimes visible throughout the book, for instance when madness is presented as actual *sanity*, i.e., as a sane response to an insane social order. Powerful as it undoubtedly is, this slogan, which appears in several parts of the book and is especially prominent in the book's most explicitly political chapter (Chapter 13), can nonetheless subtly contribute to reinforce the very standards of sanity—and the social relations

underpinning them—that madness is supposed to disrupt. This is because the notion of sanity that madness is to be associated with may well still be imbued with normalcy assumptions. This is particularly evident in the 1960s counterculture's distinction between "good/true" and "bad/false" madness; between the "sane", "reprogramming", "morally awakening" madness of progressive, acidhead hippies, and the "useless", "anti-social", or "paranoid" madness of the "speed freak" punks and the shit-painting "gibbering lunatics" (see Chapter 13). Here Pete Shaughnessy and other founding members and contributors to the origins of the Mad Pride movement come to mind (see Curtis et al. 2000). They not only took pride on the good-spirited, visionary, socially valuable mad extolled by the counterculture; but also, even sometimes primarily so, on the ill-spirited, anti-social, and chaotic mad of the punk scene. And I think they might have reason to do so. Maybe it wasn't speed that "destroyed the Summer of Love" (222). Maybe the summer-of-love-madness failed to subvert the social order because it was just *too easily* assimilable within it and its concomitant ideals of cognitive normalcy; that is, because it did not fundamentally challenge it, but reasserted it in a more liberal-progressive language. Perhaps this also explains the current exploitation of its main narrative within the new microdosing-based "psychedelic renaissance" that Garson himself criticizes (219).

In sum, I think that the neurodiversity paradigm's emphasis on the relational-ecological analysis of cognitive (dis)ability, on the one hand, and its sociopolitical and non-essentialist critique of categories of mental normalcy, on the other, help us to both expand the applicability of madness-as-strategy and, at the same time, see its limitations as a tool for mad and neurodivergent liberation.

But what conceptual alternative may we develop? Although I partly agree with Garson's final reflection that it may be better to overcome the "overwhelming intellectual compulsion" to craft a new "madness-as-X" (263), I'd like to conclude with a potential alternative; not fully a concept of its own, which would in any case require more space to develop, but a new, nice catchphrase to hint at possible ways forward in the development of a more liberatory conceptual scheme: *madness-as-right*. More than dysfunction or strategy, a failure or achievement of some presumed-to-be natural design, we may think of madness in terms of social rights and entitlements: in terms of an entitlement to *disrupt*, sometimes in yet incomprehensible or unrecognizable ways, the norms that characterize current social arrangements—whether moral, aesthetic, logical, or epistemic; a right to be folk-epistemologically distasteful (see Wilkinson 2020), uninterpretable; to disrupt social dynamics that "mindshape" us into

norm-conformity, intelligibility, and interpretability (McGeer 2015; Zawidzki 2024), often exerting unbearable pressure on us.

A first implication of this alternative framing is that it places value on such disruptive tendencies no matter whether they are viewed as a functional biological response or rather a breakdown in normal functioning—if there is such thing at all in the first place. To be clear, the main idea underlying this approach to madness is not new but can be found in various radical anti-capitalist approaches to mental health activism. An early example would be the Sozialistisches Patientenkollektiv (Socialist Patients' Collective), a patient-led collective formed in Heidelberg during the 1970s that revindicated the "weaponization" of illness as a revolutionary strategy against capitalist domination (see Adler and Bolton, 2022). Along these lines, Chapman (2023b) has put forward a "Neurodivergent Marxism" approach that "seeks to turn both neurodivergent disablement and illness into sites of organisation and resistance to the system that necessitates both the production and harm of both neurodivergents and neurotypicals" (146).

But viewing madness as a right or entitlement also brings another important benefit: it encourages the adoption of a thoroughly context-sensitive view of its disruptive value and prompts us to question how this entitlement is distributed across social hierarchies. Evolutionary strategies may be universally shared by all humankind; rights and entitlements aren't. Framing madness as a right allows us to ask: who has this right? And who *should* have it, but typically doesn't? Who has typically enjoyed it and who is normally dispossessed of it? Whose madness has been more often viewed through a positive lens, as virtuous, valuable, functional, the hallmark of transgressive genius and vision; and whose has been historically regarded as unvaluable, useless, suppressible, the hysteric scream in need of appease and silencing? Whose madness grants responsibility exemptions and for whom is just an added burden? It also sparks questions about how to redress these imbalances. If, after all, we can only break rules within a bedrock of rule-maintaining practices, madness' disruptive creativity necessitates sanity's grip on mundaneness. Whose madness should then, for once, recede a bit, leave some space for others' madnesses to flourish? That is, who should be encouraged to break through social conventions and norms, and who should be encouraged to merely follow suit, to leave the necessary space for such breakthrough to take place?

3.   Conclusion

As stated at the beginning of the Mental Patients Union's initial manifesto, the "The Fish Pamphlet", madness can often be understood through an analogy with a fish caught on a hook: its impulsive, seemingly irrational attempts to escape may appear bizarre or deranged to other fish at first glance, but the meaning of these struggles becomes clear when one observes the circumstances the fish is attempting to deal with (see Mental Patients Union 1974, reproduced in Irwin et al 2000). In a later development of this manifesto and organisation, now renamed Campaign Against Psychiatric Oppression (CAPO), the authors restate the point in a slightly different manner:

> We (…) assert that "patients" are not crippled by anxiety or depression or confusion; but on the contrary they are anxious or depressed or confused because they are crippled—by circumstances over which they have little or no control, circumstances which thwart, which threaten, which confuse. When a person's behaviour is intolerable to his/her fellow humans, it is usually because his or her situation is intolerable to him or her, and such a person may need help to change the situation they are in. (CAPO 1986, 9).

These excerpts illustrate the mad insight that Garson's notion, madness-as-strategy, aims to further articulate and develop. But they also illustrate a more subtle point: that the language and concepts we use to approach madness are and have always been in constant evolution—from the deliberate removal of "patients" from the organization's name to the inclusion of considerations about the "crippling" consequences of the social order. This constant, often paradoxical effort to update the language and concepts about madness reflects the challenge of articulating a conceptual framework for a political movement that aims to leave no one behind—a framework that acknowledges that madness can be as much a matter of function as it is of dysfunction or disablement, an expression of both strategy and breakdown.

This paper has sought to contribute to this task by drawing on neurodiversity ideas to examine both the strengths and limitations of madness-as-strategy as a liberatory conceptual framework for madness. Specifically, I have argued that neurodiversity theory offers both (1) a way to expand the scope of applicability of madness-as-strategy from individual to collective functioning and (2) a critique of the limitations of circumscribing the positive value and reclaimability of madness solely within the realm of functionality. Instead, I have outlined a possible way

forward: to reframe madness as a matter of right or entitlement. This shift helps open up conceptual space both for reclaiming madness as an identity beyond its functional aspects and, at the same time, for raising questions about the distribution of this entitlement across social hierarchies.

As stated above, this alternative concept is not meant to provide a definitive answer to the question of how we should think about madness—this, I believe, is an inherently open-ended issue. This commitment to open-endedness, however, is what I take to be a core principle of Mad Pride: "that language can be subverted and that words derive their meanings from the contexts in which they are used" (Curtis et al. 2000, 7).

Acknowledgments

Conflict of interest statement

One of the organisers of this book symposium, Editor-in-Chief of *EuJAP*, Marko Jurjako, is also the PI of the TIPPS project, through which my work at the University of Rijeka is funded. However, this paper is solely my own work, and to the best of my knowledge, it has undergone proper peer review in accordance with EuJAP's standards.

REFERENCES

Adler-Bolton, Beatrice, and Artie Vierkant. 2022. *Health Communism: A Surplus Manifesto*. Verso Books.
https://www.versobooks.com/products/2801-health-communism.
American Psychiatric Association. 1952. *Diagnostic and Statistical Manual of Mental Disorders: DSM-I, 1st Ed*. Diagnostic and Statistical Manual of Mental Disorders: DSM-5™, 5th Ed. American Psychiatric Publishing, Inc.
https://doi.org/10.1176/appi.books.9780890425596.
———. 1967. *Diagnostic and Statistical Manual of Mental Disorders: DSM-II, 2nd Edition*. 2nd edition. The American Psychiatric Association.

———. 1980. *Diagnostic and Statistical Manual of Mental Disorders: DSM-III, 3rd Edition*. 3rd edition. The American Psychiatric Association.

Biturajac, Mia, and Marko Jurjako. 2022. "Reconsidering Harm in Psychiatric Manuals Within an Explicationist Framework." *Medicine, Health Care and Philosophy* 25: 239-49. https://doi.org/10.1007/s11019-021-10064-x.

Boorse, Christopher. 1976. "What a Theory of Mental Health Should Be." *Journal for the Theory of Social Behaviour* 6 (1): 61-84. https://doi.org/10.1111/j.1468-5914.1976.tb00359.x.

Botha, Monique, Robert Chapman, Morénike Giwa Onaiwu, Steven K Kapp, Abs Stannard Ashley, and Nick Walker. 2024. "The Neurodiversity Concept Was Developed Collectively: An Overdue Correction on the Origins of Neurodiversity Theory." *Autism* 28 (6): 1591–94. https://doi.org/10.1177/13623613241237871.

Campaign Against Psychiatric Oppression (1986). "Campaign Against Psychiatric Oppression: Introduction, Manifesto, Demands." *Asylum* 1 (1): 9.

Carel, Havi. 2023. "Vulnerabilization and De-Pathologization: Two Philosophical Suggestions." *Philosophy, Psychiatry, & Psychology* 30 (1): 73-76. https://doi.org/10.1353/ppp.2023.0013.

Chapman, Robert. "Neurodiversity Theory and Its Discontents: Autism, Schizophrenia, and the Social Model of Disability." In *The Bloomsbury Companion to Philosophy of Psychiatry*, edited by Şerife Tekin and Robyn Bluhm, 371-390. Bloomsbury Companions. London: Bloomsbury Academic, 2019. http://dx.doi.org/10.5040/9781350024090.ch-018.

———. 2021. "Neurodiversity and the Social Ecology of Mental Functions." *Perspectives on Psychological Science: A Journal of the Association for Psychological Science* 16 (6): 1360–72. https://doi.org/10.1177/1745691620959833.

———. 2023a. "A Critique of Critical Psychiatry." *Philosophy, Psychiatry, & Psychology* 30 (2): 103–19.

———. 2023b. *Empire of Normality: Neurodiversity and Capitalism*. 1st edition. Pluto Press.

Chapman, Robert, and Sue Fletcher-Watson. Forthcoming. *Neurodiversity: A Very Short Introduction*. Oxford: Oxford University Press.

Cooper, Rachel. 2017. "Where's the Problem? Considering Laing and Esterson's Account of Schizophrenia, Social Models of Disability, and Extended Mental Disorder." *Theoretical Medicine and Bioethics* 38 (4): 295–305. https://doi.org/10.1007/s11017-017-9413-0.

Crompton, Catherine J, Danielle Ropar, Claire VM Evans-Williams, Emma G Flynn, and Sue Fletcher-Watson. 2020. "Autistic Peer-to-Peer Information Transfer Is Highly Effective." *Autism* 24 (7): 1704–12. https://doi.org/10.1177/1362361320919286.

Curtis, Ted, Robert Dellar, Esther Leslie, and Watson, Ben, eds. 2000. *Mad Pride: A Celebration of Mad Culture*. 2nd ed. edition. Spare Change Books.

Dwyer, Patrick. 2022. "The Neurodiversity Approach(Es): What Are They and What Do They Mean for Researchers?" *Human Development* 66 (2): 73–92. https://doi.org/10.1159/000523723.

Frazer-Carroll, Micha. 2023. *Mad World: The Politics of Mental Health*. London: Pluto Press.

Garson, Justin. 2022. *Madness: A Philosophical Exploration*. New York, NY: Oxford University Press.

Graby, Steve. 2015. "Neurodiversity: Bridging the Gap between the Disabled People's Movement and the Mental Health System Survivors' Movement?" In *Madness, Distress and the Politics of Disablement*, 231-44. Policy Press.

Hoffman, Ginger A. 2017. "Collectively Ill: A Preliminary Case That Groups Can Have Psychiatric Disorders." *Synthese* 196 (6): 2217–41. https://doi.org/10.1007/s11229-017-1379-y.

———. 2019. ""Aren't Mental Disorders Just Chemical Imbalances?," "Aren't Mental Disorders Just Brain Dysfunctions?," and Other Frequently Asked Questions about Mental Disorders." In *The Bloomsbury Companion to Philosophy of Psychiatry*, edited by Şerife Tekin and Robyn Bluhm, 59–92. Bloomsbury Companions. London: Bloomsbury Academic, 2019. http://dx.doi.org/10.5040/9781350024090.ch-004.

Irwin, Eric, Lesley Mitchell, Liz Durkin, and Brian Douieb. 2000. "The Need for a Mental Patients Union - Some Proposals." In *Mad Pride: A Celebration of Mad Culture*, edited by Ted Curtis, Robert Dellar, Esther Leslie, and Watson, Ben, 2nd ed. edition, 23–28. Spare Change Books.

Jeppsson, Sofia. 2023. "A Wide-Enough Range of 'Test Environments' for Psychiatric Disabilities". *Royal Institute of Philosophy Supplements*, 94: 39-53.

Jurgens, Alan. 2023. "Body Social Models of Disability: Examining Enactive and Ecological Approaches." *Frontiers in Psychology* 14 (March):1128772. https://doi.org/10.3389/fpsyg.2023.1128772.

Kapp, Steven K. 2020. *Autistic community and the neurodiversity movement: Stories from the frontline*. Springer Nature.

McGeer, Victoria. 2015. "Mind-Making Practices: The Social Infrastructure of Self-Knowing Agency and Responsibility."

Philosophical Explorations 18 (2): 259–81. https://doi.org/10.1080/13869795.2015.1032331.

McWade, Brigit, Damian Milton, and Peter Beresford. 2015. "Mad Studies and Neurodiversity: A Dialogue." *Disability & Society* 30 (2): 305–9. https://doi.org/10.1080/09687599.2014.1000512.

Milton, Damian. 2012. "On the Ontological Status of Autism: The 'Double Empathy Problem.'" *Disability & Society* 27 (6): 883–87. https://doi.org/10.1080/09687599.2012.710008.

———. 2014. "Embodied Sociality and the Conditioned Relativism of Dispositional Diversity." *Autonomy, the Critical Journal of Interdisciplinary Autism Studies* 1 (3): 1–7.

Milton, Damian, and Sami Timimi. 2016. "Does Autism Have an Essential Nature?" Internet publication. December 1, 2016. http://blogs.exeter.ac.uk/exploringdiagnosis/debates/debate-1/.

Nesse, Randolph M., and George Christopher Williams. 1994. *Why We Get Sick: The New Science of Darwinian Medicine*. Times Books.

Rashed, Mohammed Abouelleil. 2019. *Madness and the Demand for Recognition: A Philosophical Inquiry into Identity and Mental Health Activism*. International Perspectives in Philosophy and Psychiatry. Oxford, New York: Oxford University Press.

Rosqvist, Hanna Bertilsdotter, Nick Chown, and Anna Stenning, eds. 2020. *Neurodiversity Studies: A New Critical Paradigm*. 1st ed. Routledge. https://doi.org/10.4324/9780429322297.

Sedgwick, Jane Ann, Andrew Merwood, and Philip Asherson. 2019. "The Positive Aspects of Attention Deficit Hyperactivity Disorder: A Qualitative Investigation of Successful Adults with ADHD." *ADHD Attention Deficit and Hyperactivity Disorders* 11 (3): 241–53. https://doi.org/10.1007/s12402-018-0277-6.

Sedgwick, Peter. 1982. *Psycho Politics*. Unkant Publishers.

Shaughnessy, Pete. 2000. "Into the Deep End." In *Mad Pride: A Celebration of Mad Culture*, edited by Ted Curtis, Robert Dellar, Esther Leslie, and Watson, Ben, 2nd ed. edition, 15–22. Spare Change Books.

Shorter, Edward. 1996. *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac*. New York Weinheim.

Spandler, Helen, Jill Anderson, and Bob Sapey, eds. 2015. *Madness, Distress and the Politics of Disablement*. 1st edition. Policy Press.

Szasz, T. S. 1961. *The Myth of Mental Illness: Foundations of a Theory of Personal Conduct*. Rev. ed., Reprinted, 27. [print.]. New York: Perennial.

Wakefield, Jerome C. 1992. "The Concept of Mental Disorder." *American Psychologist*, 16.

Walker, Nick. 2021. *Neuroqueer Heresies: Notes on the Neurodiversity Paradigm, Autistic Empowerment, and Postnormal Possibilities*. Fort Worth, TX.

Wilkinson, Sam. 2020. "Expressivism About Delusion Attribution." *European Journal of Analytic Philosophy* 16 (2): 59–77. https://doi.org/10.31820/ejap.16.2.3.

Zawidzki, Tadeusz. 2024. "Skilled Metacognitive Self-Regulation toward Interpretive Norms: A Non-Relativist Basis for the Social Constitution of Mental Health and Illness." *Synthese* 204: 109.